

Foster Family Home - Corrective Action Report

Provider ID: 1-200007

Home Name: Roshelle Matias, CNA

Review ID: 1-200007-1

608 Kulia Street

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 3/13/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issue during home inspection with all items due to CTA by 4/13/20.

Foster Family Home

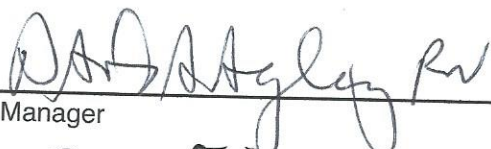
Personnel and Staffing

[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CPR and First Aid done on the internet for CG #1 and CG #2.


Compliance Manager


Primary Care Giver

3/13/2020
Date

3/13/20
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Roshelle Matias
CCFFH Address: 608 Kulia, St. Wahiawa, HI 96786

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|---|
| 41.(b)(8) | I just got my CPR and First Aid including my two substitute caregivers from the certified training school. I put copies in my CCFFH binder. | 3/24/20 | I will make sure we get our CPR and first aid from the certified training school. |

Primary Caregiver's Signature: R Matias

Print Name: Roshelle Matias

Date of Signature: 3/24/20